

**REVOCATION OF POWER OF  
 ATTORNEY WITH  
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 AND  
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10733897
Filing Date	December 10, 2003
First Named Inventor	Mike Matlage
Art Unit	3643
Examiner Name	Darren W. Ark
Attorney Docket Number	

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 82843

☒ Please change the correspondence address for the above-identified application to:

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**I am the:**

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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